

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 2 - 0 1 1</u>	2. STATE: Arkansas
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2002
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

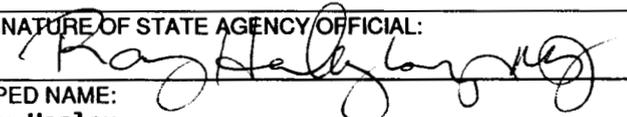
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>-0-</u> b. FFY <u>2003</u> \$ <u>-0-</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 6b Attachment 3.1-B, Page 5e	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same, Approved 03-26-02, TN 02-06 Same, Approved 03-26-02, TN 02-06
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10. SUBJECT OF AMENDMENT:
The Arkansas Title XIX State Plan has been amended to add Pharmacological Management by an Advanced Practice Nurse as a Rehabilitative Services for Persons with Mental Illness (RSPMI) service.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Division of Medical Services P. O. Box 1437 Little Rock, AR 72203-1437 Attention: Binnie Alberius Slot S295
13. TYPED NAME: Ray Hanley	
14. TITLE: Director, Division of Medical Services	
15. DATE SUBMITTED: April 15, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 19 APRIL 2002	18. DATE APPROVED: 05/05/2002
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2002	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: CALVIN G. CLINE	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2002

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. Acute Day Treatment ¹

c. Restricted RSPMI Services

- Assessment-Reassessment and Plan of Care
- Crisis Stabilization Intervention ¹
- On-Site Intervention ^{1,2}
- Off-Site Intervention ^{1,2}
- Rehabilitation Day Services ^{1,2}

d. Other RSPMI Services

- Crisis Intervention
- Physical Examination
- Medication Maintenance by a Physician ^{1,2}
- Periodic Review of Plan of Care
- Routine Venipuncture for Collection of Specimen
- Catheterization for Collection of Specimen
- Collateral Intervention ²
- Inpatient Visits in Acute Care Hospitals by Board Certified Psychiatrists
- **Pharmacological Management by an Advanced Practice Nurse ³**

¹ Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

² Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.

³ Effective July 1, 2002, the service requires prior authorization for Medicaid recipients of all ages.

SUPERSEDES: TN- AR-02-06

STATE <u>Arkansas</u>	A
DATE REC'D <u>04-10-02</u>	
DATE APPROV'D <u>05-06-02</u>	
DATE EFF <u>07-01-02</u>	
HCFA 179 <u>AR-02-11</u>	

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2002

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

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STATE <u>Arkansas</u>	A
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DATE AP'VD <u>05-06-02</u>	
DATE EFF <u>07-01-02</u>	
HCFA 179 <u>AR-02-11</u>	